



Please mail this form along with your resume to:

West African Health Initiatives
Attention: Development Dept.
848 North Dodge Ave., Suite 104
Evanston, IL 60202

I want to help!

I am making a gift of:

\$20 \$30 \$50 \$100 \$200 \$500 \$1,000
 other: \$ _____

Please make your check payable to **West African Health Initiatives**, or fill in the following to charge your donation to your credit card.

VISA MC AMEX DISCOVER

Account #: _____

Name on Card: _____

Signature: _____ Date: _____

Please fill in your name and address to ensure correct preparation of your receipt for tax purposes:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Would you like us to send an acknowledgement of your thoughtful gift to someone? Please provide the appropriate mailing information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

West African Health Initiatives is a 501(c)3 non-profit organization registered with the IRS.